

## Application Data Sheet

### Application Information

Application number:

Filing Date:

Application Type: Regular

Subject Matter: Utility

Suggested Classification:

Suggested Group Art Unit:

CD-ROM or CD-R: None

Number of CD Disks:

Number of copies of CDs:

Sequence Submission?

Computer Readable Form (CRF)?

Number of Copies of CRF:

Title: TASTE RECEPTORS OF THE T1R FAMILY FROM  
DOMESTIC CAT

Attorney Docket Number: MON-0345

Request for Early Publication: No

Request for Non-Publication: No

Suggested Drawing Figure: n/a

Total Drawing Sheets: 25

Small Entity?: No

Latin name:

Variety denomination name:

Petition included?: No

Petition Type:

Licensed US Govt. Agency:

Contract or Grant Numbers:

Secrecy Order in Parent Appl.?: No

## **Applicant Information**

**Applicant Authority Type:** Inventor  
**Primary Citizenship Country:** China  
**Status:** Full Capacity  
**Given Name:** Xia  
**Middle Name:**  
**Family Name:** Li  
**Name Suffix:**  
**City of Residence:** Havertown  
**State or Province of Residence:** Pennsylvania  
**Country of Residence:** United States of America  
**Street of mailing address:** 33 Jacalyn Drive  
**City of mailing address:** Havertown  
**State or Province of mailing address:** Pennsylvania  
**Country of mailing address:** United States of America  
**Postal or Zip Code of mailing address:** 19083

**Applicant Authority Type:** Inventor  
**Primary Citizenship Country:** China  
**Status:** Full Capacity  
**Given Name:** Weihua  
**Middle Name:**  
**Family Name:** Li  
**Name Suffix:**  
**City of Residence:** Broomall  
**State or Province of Residence:** Pennsylvania  
**Country of Residence:** United States of America  
**Street of mailing address:** 44 West Greenhill Road  
**City of mailing address:** Broomall  
**State or Province of mailing address:** Pennsylvania  
**Country of mailing address:** United States of America  
**Postal or Zip Code of mailing address:** 19008

**Applicant Authority Type:** Inventor  
**Primary Citizenship Country:** United States of America  
**Status:** Full Capacity  
**Given Name:** Danielle  
**Middle Name:** R  
**Family Name:** Reed  
**Name Suffix:**  
**City of Residence:** Glenside  
**State or Province of Residence:** Pennsylvania  
**Country of Residence:** United States of America  
**Street of mailing address:** 520 Bridle Road  
**City of mailing address:** Glenside  
**State or Province of mailing address:** Pennsylvania  
**Country of mailing address:** United States of America  
**Postal or Zip Code of mailing address:** 19038

**Applicant Authority Type:** Inventor  
**Primary Citizenship Country:** Russia  
**Status:** Full Capacity  
**Given Name:** Alexander  
**Middle Name:** A  
**Family Name:** Bachmanov  
**Name Suffix:**  
**City of Residence:** Philadelphia  
**State or Province of Residence:** Pennsylvania  
**Country of Residence:** United States of America  
**Street of mailing address:** 1851 Nestor Street, Apartment B  
**City of mailing address:** Philadelphia  
**State or Province of mailing address:** Pennsylvania  
**Country of mailing address:** United States of America  
**Postal or Zip Code of mailing address:** 19115

<b>Applicant Authority Type:</b>	Inventor
<b>Primary Citizenship Country:</b>	United States of America
<b>Status:</b>	Full Capacity
<b>Given Name:</b>	Joseph
<b>Middle Name:</b>	G
<b>Family Name:</b>	Brand
<b>Name Suffix:</b>	
<b>City of Residence:</b>	Wayne
<b>State or Province of Residence:</b>	Pennsylvania
<b>Country of Residence:</b>	United States of America
<b>Street of mailing address:</b>	706 West Valley Road
<b>City of mailing address:</b>	Wayne
<b>State or Province of mailing address:</b>	Pennsylvania
<b>Country of mailing address:</b>	United States of America
<b>Postal or Zip Code of mailing address:</b>	19087

## Correspondence Information

<b>Correspondence Customer No.:</b>	23377
<b>Name:</b>	
<b>Street of Mailing Address:</b>	
<b>City of Mailing Address:</b>	
<b>State or Province of Mailing Address:</b>	
<b>Country of Mailing Address:</b>	
<b>Postal or Zip Code of Mailing Address:</b>	
<b>Phone number:</b>	
<b>Fax number:</b>	

## Representative Information

<b>Representative Customer No.:</b>	23377
-------------------------------------	-------

## Domestic Priority Information

Application:	Continuity Type:	Parent Application:	
This is	An application claiming the benefit under 35 USC 119(e)	60/482,992	June 27, 2003
This is	An application claiming the benefit under 35 USC 119(e)	60/554,751	March 19, 2004

## Foreign Priority Information

Country:	Application No.:	Filing Date:	Priority Claimed:
----------	------------------	--------------	-------------------

## Assignee Information

Assignee name:	Monell Chemical Senses Center
Street of mailing address:	3500 Market Street
City of mailing address:	Philadelphia
State or Province of mailing address:	Pennsylvania
Country of mailing address:	United States of America
Postal or Zip Code of mailing address:	19104